Iowa Department of Human Services

Critical Incident Reporting Process Collaborative Training

December 13, 2016

Objectives

- Review Iowa Administrative Code (IAC) requirements for incident reporting
- Define the difference between a major and minor incident
- Identify updates to the critical incident report form and reporting process for fee for service (FFS) members
- Gain knowledge regarding incident report troubleshooting and resources for each reporting entity.

Iowa Administrative Code: Chapter 77

- Habilitation Services- 77.25 (1)
- Health & Disability (HD) Waiver- 77.30 (18)
- Elderly Waiver- 77.33 (22)
- AIDS/HIV Waiver- 77.34 (14)
- Intellectual Disability (ID) Waiver- 77.37 (8)
- Brain Injury (BI) Waiver- 77.39 (6)
- Physical Disability Waiver- 77.41 (12)
- Children's Mental Health (CMH) Waiver- 77.46 (1)

Iowa Administrative Code

- Defines major and minor incidents for HCBS waiver and Habilitation Services
- Identifies reporting requirements for major incidents
- Incident definitions and reporting timelines are the same for fee-for-service (FFS) members and managed care (MCO).
  - The difference is in the reporting process for each entity

Definition of Major Incident

An occurrence involving a member enrolled in waiver (or Habilitation) services:

1. Results in a physical injury to or by the consumer that requires a physician's treatment or admission to a hospital;
2. Results in the death of the member;
3. Requires emergency mental health treatment for the member;
4. Requires the intervention of law enforcement;

Definition of Major Incident (cont.)

5. Results in a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3;

6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in paragraph “1,” “2,” or “3”; or “5”

7. Involves a member’s location being unknown by provider staff who are assigned protective oversight. (This is when services or supervision by staff is to be provided or is scheduled)

Minor Incident

An occurrence involving a member that is not a major incident which consists of:

1. Results in the application of basic first aid
2. Results in bruising
3. Results in seizure activity
4. Results in injury to self, to others, or to property
   (**No physician or hospital treatment needed)**
5. Constitutes a prescription medication error
   (No physician or hospital treatment needed)

Reporting a Major Incident

Who reports

- First to know of incident
- Service providers
- Service workers
- Case managers, Targeted Case managers, Community Based Case Managers, Integrated Health Home Care Coordinators

Who does not report

- Consumer Choice Options (CCO), Home and Vehicle Modification, and transportation providers or personal emergency response

Reporting a Major Incident (cont.)

When to report

- By the end of the next calendar day from the date the incident occurred or was discovered

What to report

- Name of member
- Date occurred and/or discovered
- Description of incident
- Action agency took to manage incident
- Resolution/follow-up

Reporting A Major Incident (cont.)

Why is it necessary to report

- State and Federal requirements
- Chapter 24 accreditation
- Best practice for your internal quality improvement plan
- Risk management
- Preventative measures

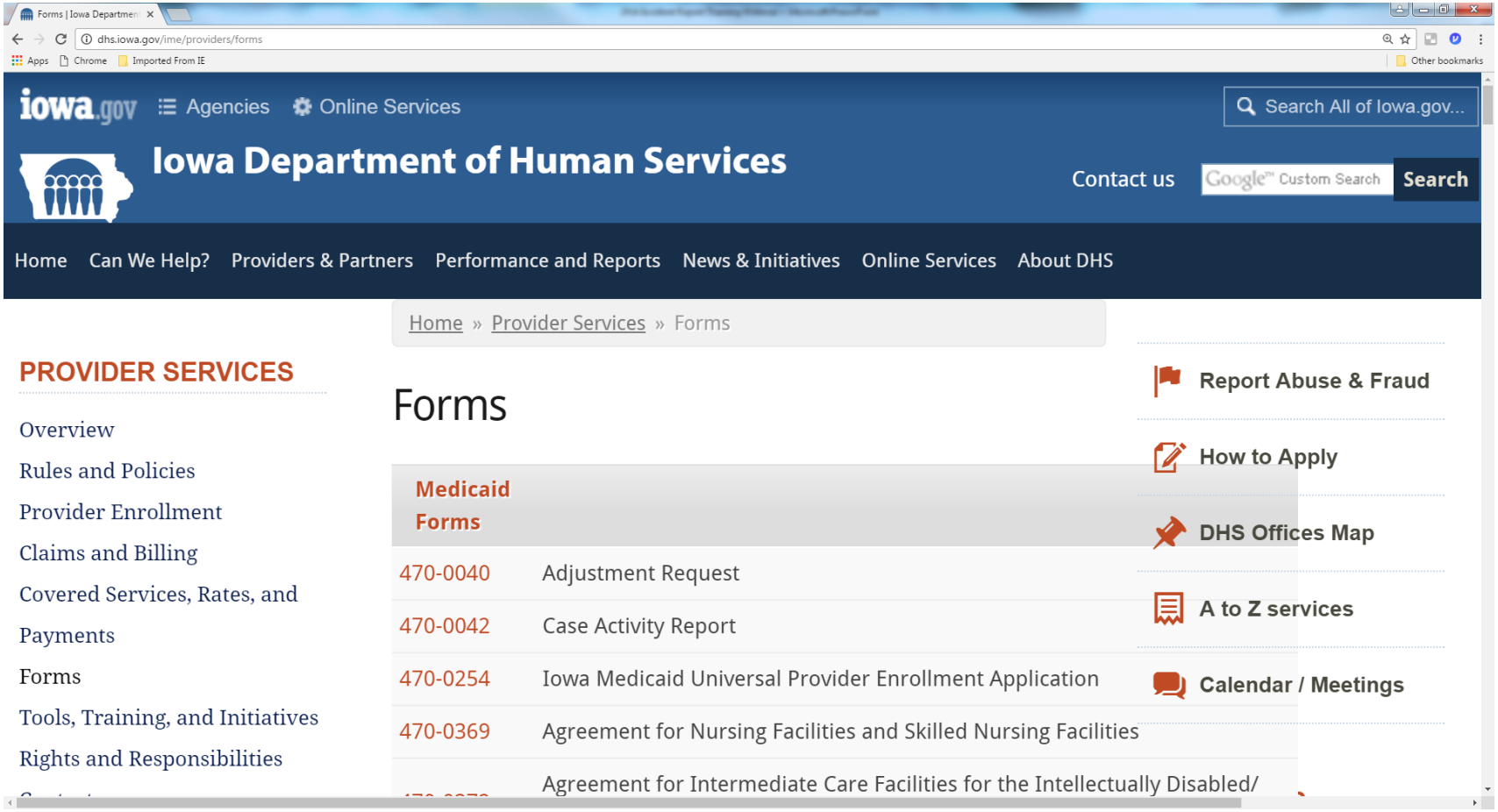
Major Incident Report Required - Examples

- Medication Error/pattern resulting in physician treatment, mental health treatment, hospitalization, abuse or death
- Seizure resulting in physical injury
- Hospitalization due to an injury
- Law enforcement responding to a non-medical call
- Location Unknown- supervision not provided during scheduled service provision

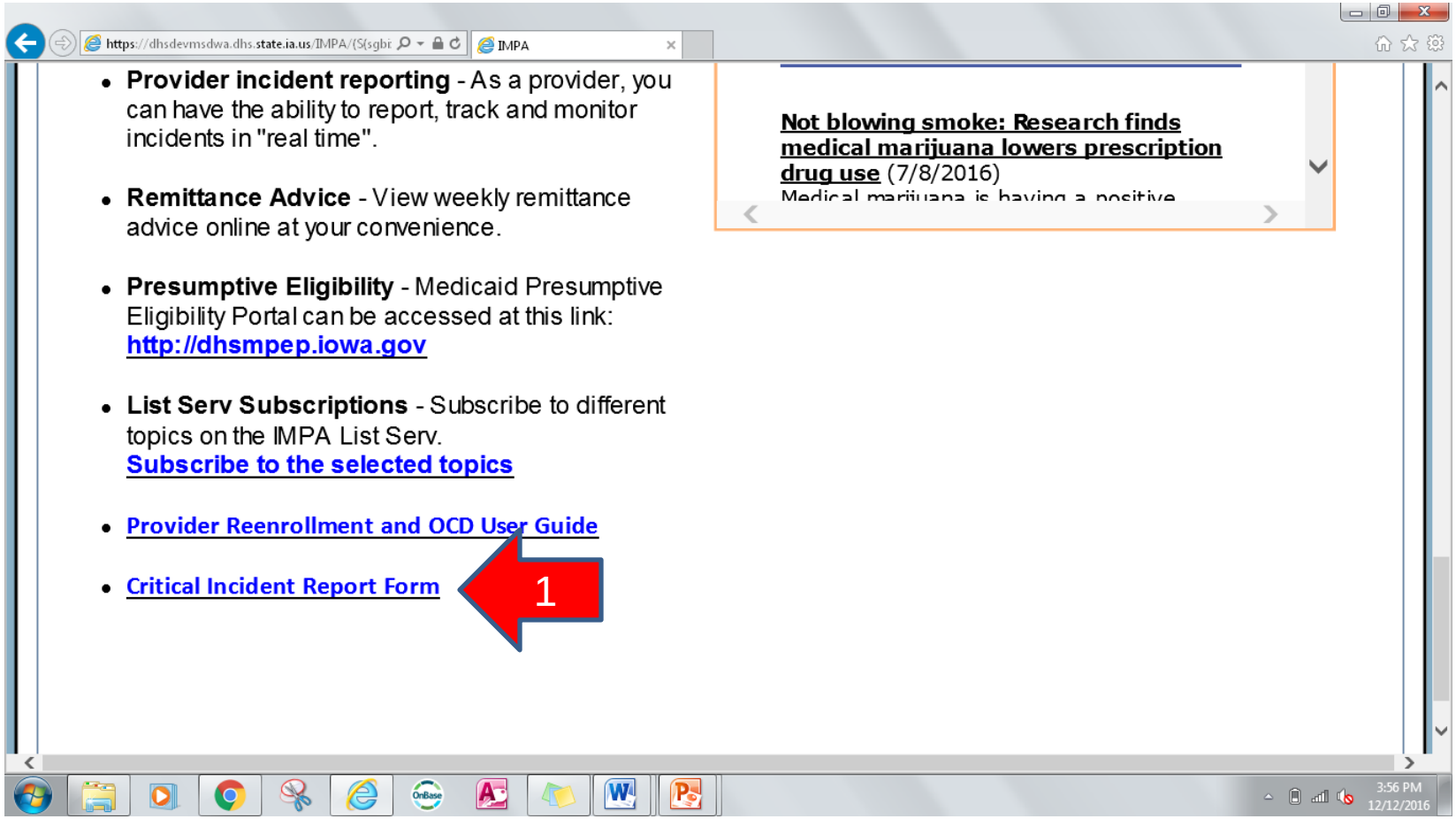
Major Incident Report Not Required – Examples

- Medication Error where dose missed, no reaction or no treatment needed
- Seizures with no physical injury
- Scheduled hospitalization due to medical reasons or medical precaution
- Scheduled physician treatment due to medical condition or precaution to medical concern
- Law enforcement responding to a medical call- standard protocol

Accessing the Updated Critical Incident Report Form

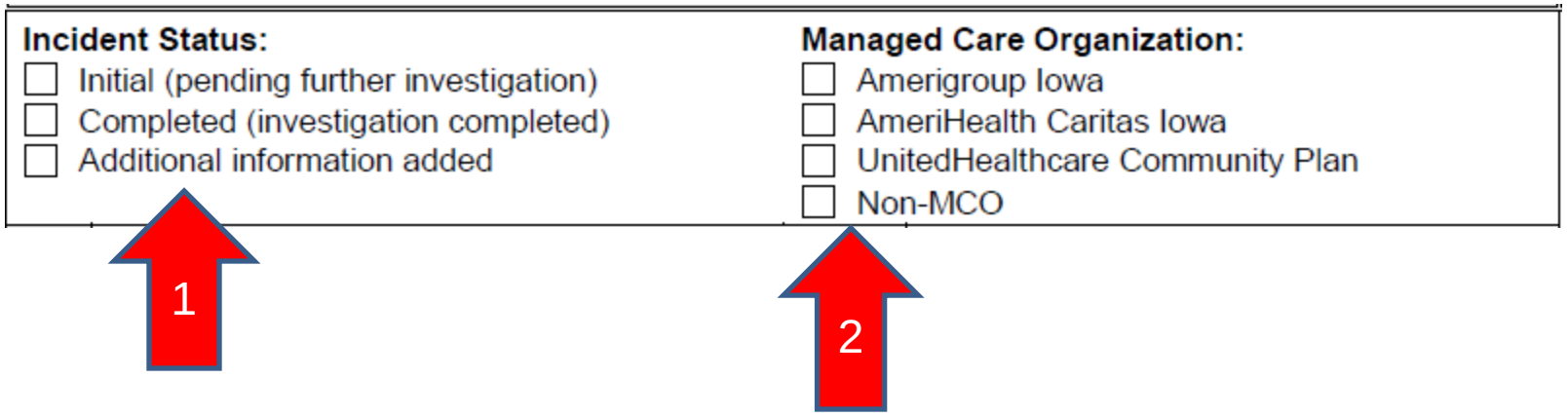


Accessing the Updated Critical Incident Report Form (cont.)



Critical Incident Report (CIR) 470-4698 Updates

- Incident Status
  - Checkbox for additional information added



CIR 470-4698 Updates (cont.)

- Reporting Party
  - Separate section
  - Entering phone numbers
    - Do not include dashes or slashes “/” “-”

Reporting Party	Reporter Name:	Phone #:
	Title:	
	Email:	

CIR 470-4698 Updates (cont.)

Correct Phone Number Entry

- 555555555

Incorrect Phone Number Entry

- 555-555-5555
- 555/555/5555

CIR 470-4698 Updates (cont.)

Correct Date Entry

- 01012017

Incorrect Date Entry

- 1/1/17
- 01/01/17
- 1/1/2017

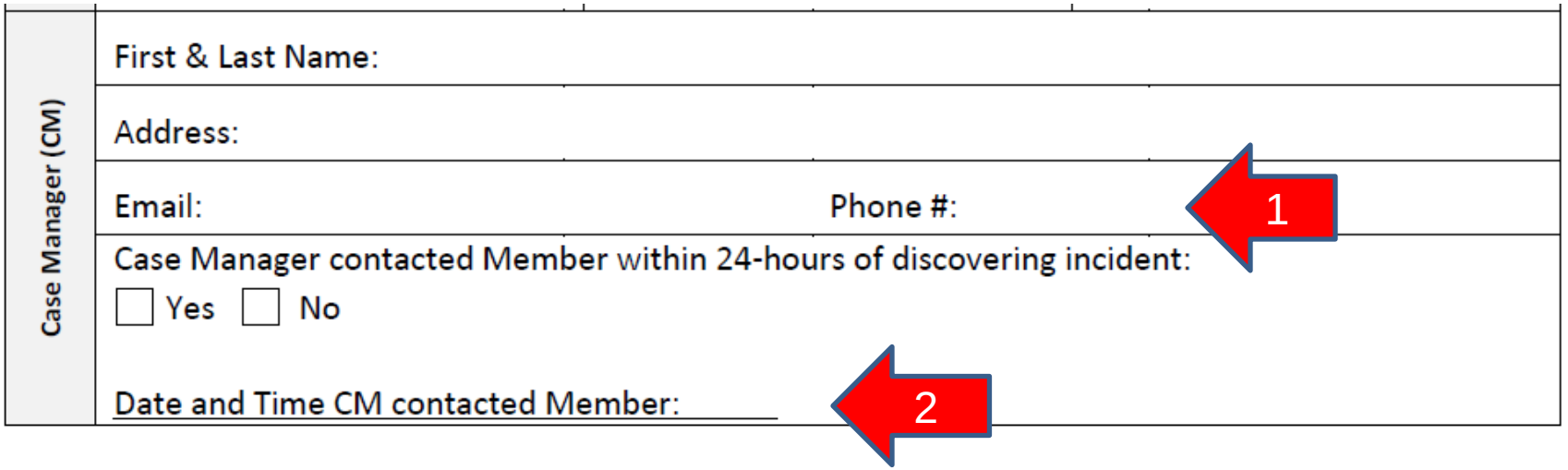
CIR 470-4698 Updates (cont.)

- Point of contact
  - Added this section

	Point of Contact to Discuss Incident (If differs from reporter): **Name:** **Phone #:**

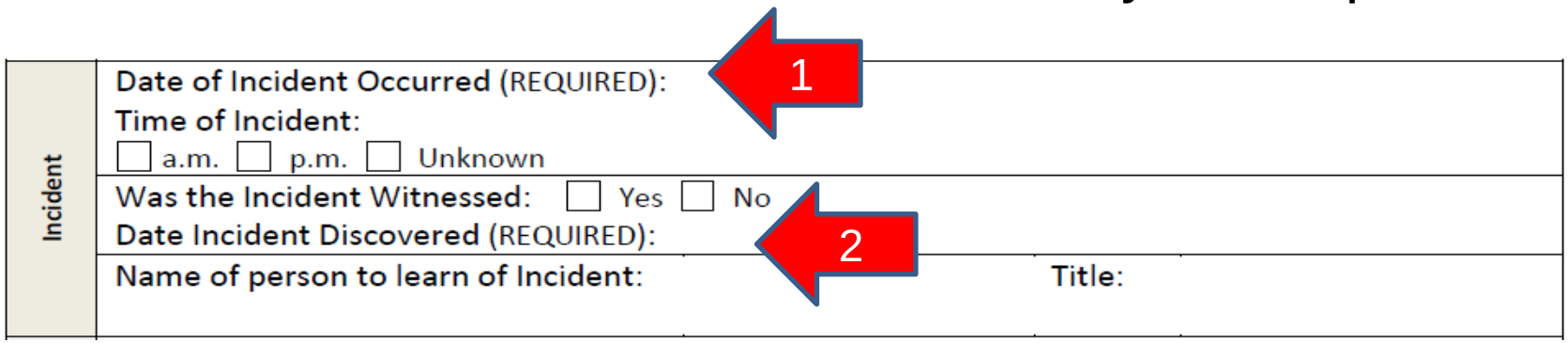
CIR 470-4698 Updates (cont.)

- Case Manager
  - Added phone number and if the member was contacted within 24 hours



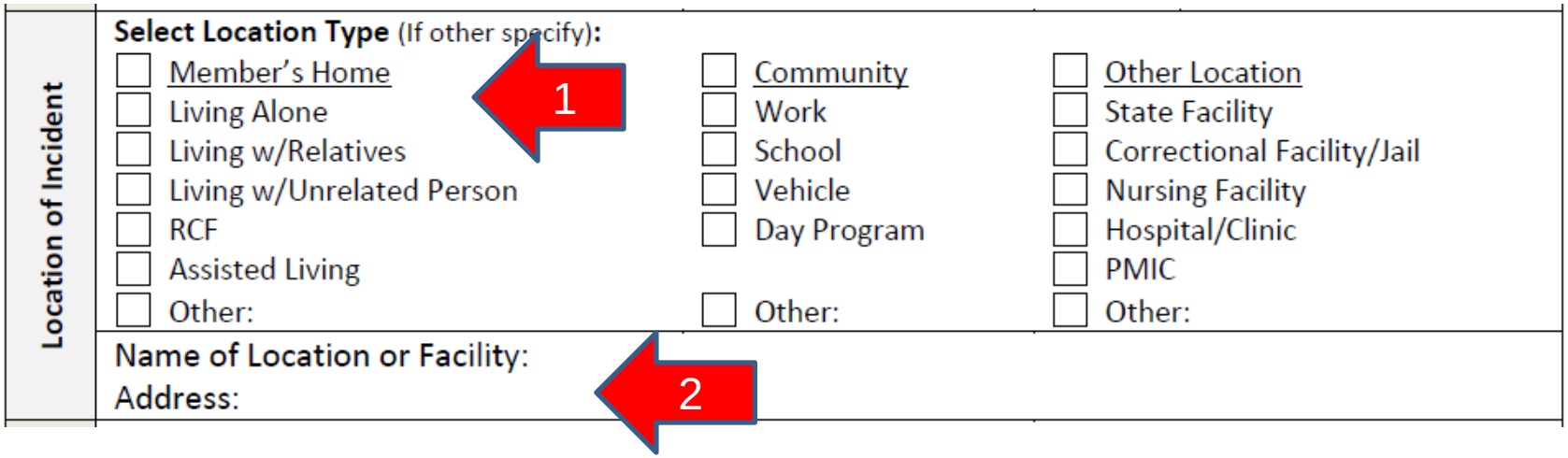
CIR 470-4698 Updates (cont.)

- Incident
  - Date of incident and date of discovery are required



CIR 470-4698 Updates (cont.)

- Location of incident
  - Less options for checkboxes
  - Added Name of Location or Facility and address



CIR 470-4698 Updates (cont.)

- Reporting
  - Added checkboxes on whom incident was reported to

Reporting	
	Case Manager Informed: ☐ Yes ☐ No ☐ N/A Date Informed:
	Guardian Informed: ☐ Yes ☐ No ☐ N/A Date Informed:
	DHS Report Made: ☐ Yes ☐ No ☐ N/A Date of Report:
	Report #: DHS report accepted: ☐ Yes ☐ No
	Dept. of Inspection & Appeals (DIA): ☐ Yes ☐ No ☐ N/A Date of Report:
	Law Enforcement: ☐ Yes ☐ No ☐ N/A Date Contacted:
	Officer Name & Contact Information:
	Other Entity Contacted, specify:

CIR 470-4698 Updates (cont.)

- Preventable and Root Cause
  - New sections

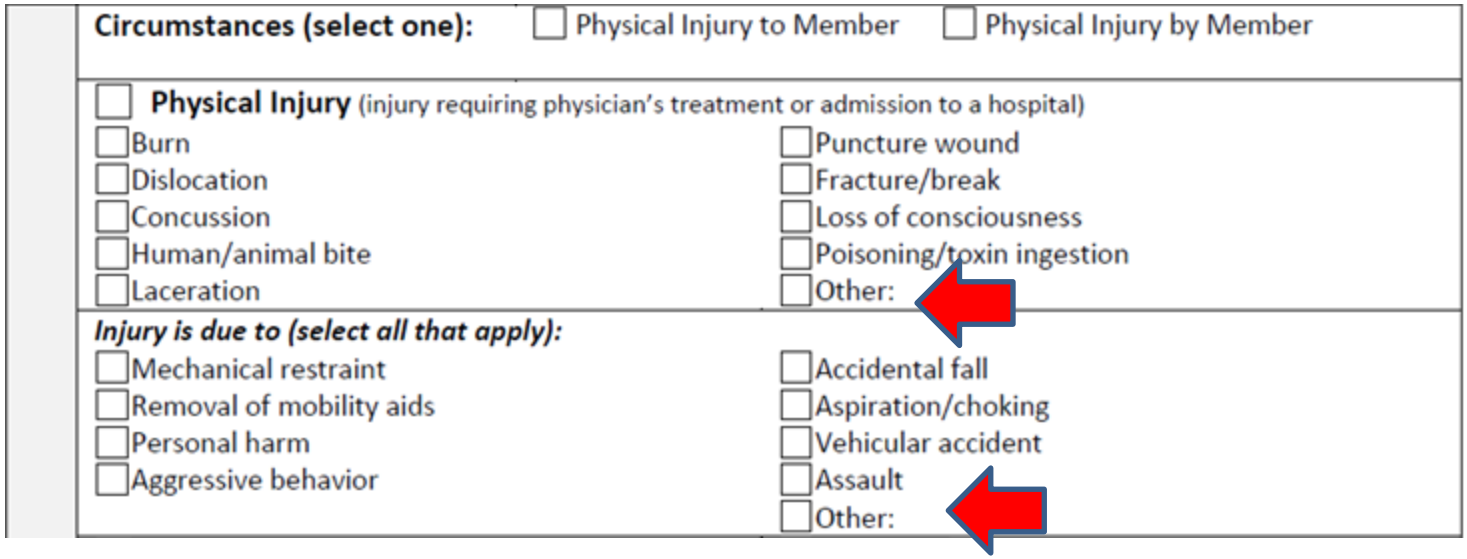
Incident Description (Include Who, What, When, Where, and How in a clear concise manner noting the circumstances of the incident.):
Was the Incident Preventable: ☐ **Yes** ☐ **No**
Root Cause (Describe what lead to or contributed to the incident):
Immediate Resolution (Include action taken to secure the member's safety and proposed prevention plan to address.):

1

2

CIR 470-4698 Updates (cont.)

- Physical Injury
  - Less options for checkboxes



Circumstances (select one): ☐ Physical Injury to Member ☐ Physical Injury by Member

☐ **Physical Injury** (injury requiring physician's treatment or admission to a hospital)

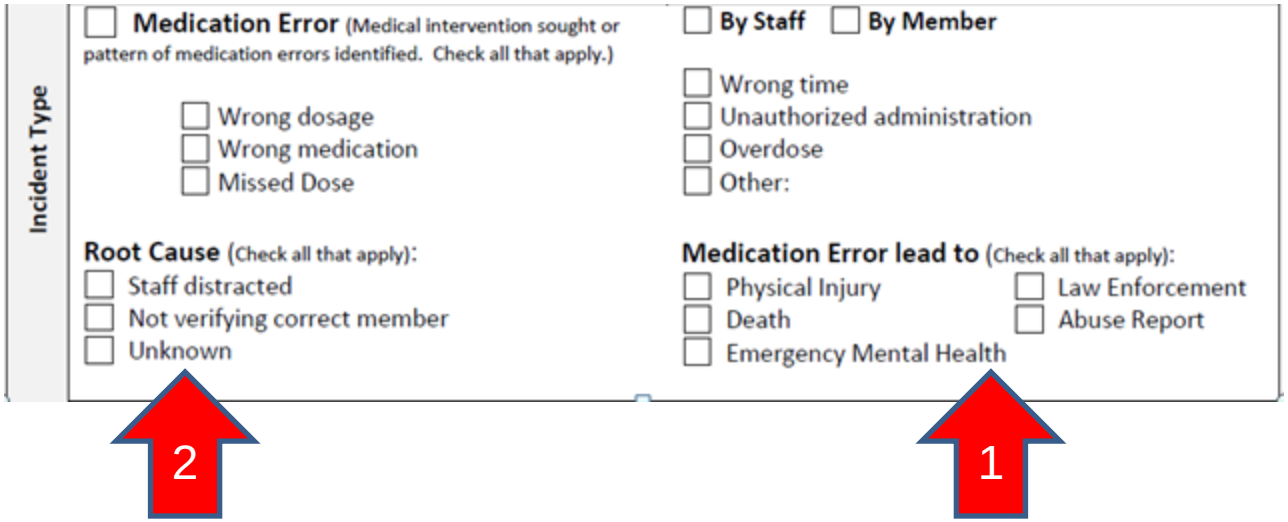
☐ Burn	☐ Puncture wound
☐ Dislocation	☐ Fracture/break
☐ Concussion	☐ Loss of consciousness
☐ Human/animal bite	☐ Poisoning/toxin ingestion
☐ Laceration	☐ Other:

Injury is due to (select all that apply):

☐ Mechanical restraint	☐ Accidental fall
☐ Removal of mobility aids	☐ Aspiration/choking
☐ Personal harm	☐ Vehicular accident
☐ Aggressive behavior	☐ Assault
	☐ Other:

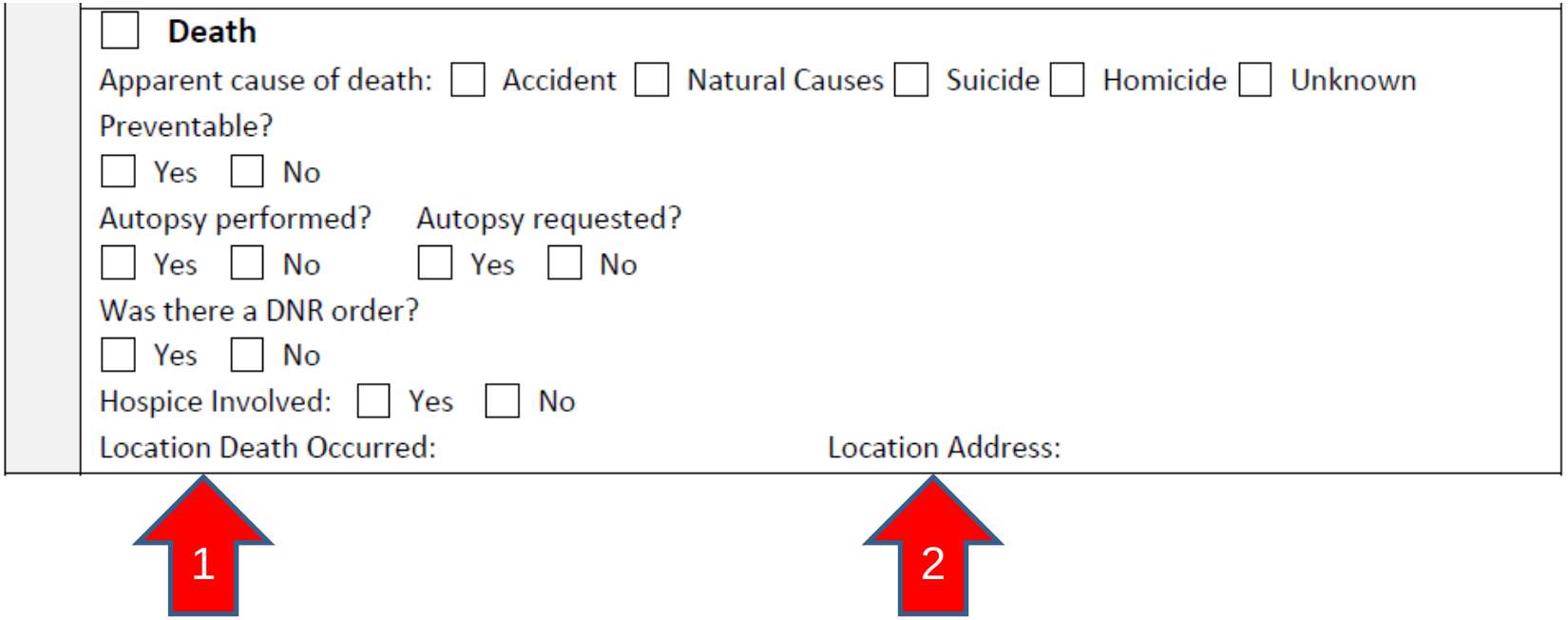
CIR 470-4698 Updates (cont.)

- Medication Error
  - Separate section
  - Must include what the medication error lead to



CIR 470-4698 Updates (cont.)

- Death

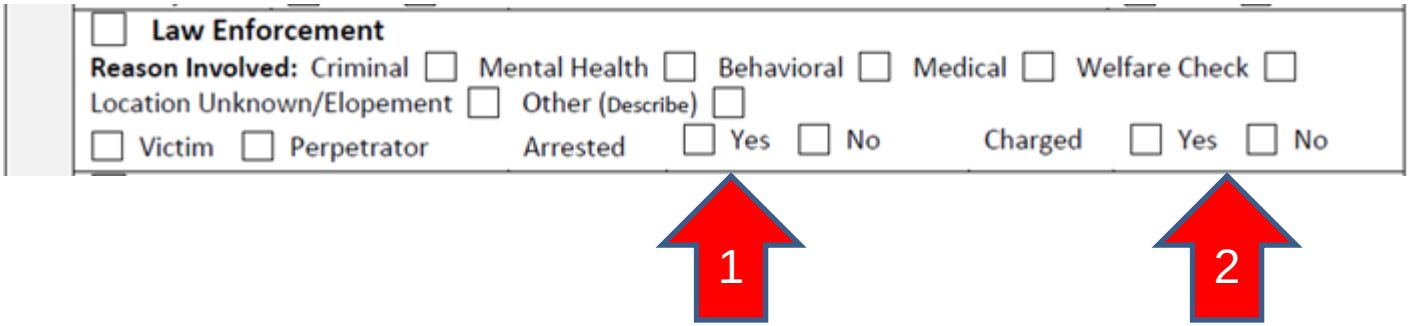


CIR 470-4698 Updates (cont.)

- Mental Health
  - Updated incident type Emergency Mental Health

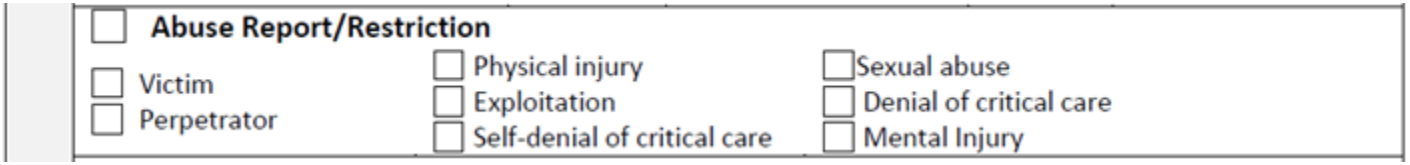
CIR 470-4698 Updates (cont.)

- Law Enforcement
  - Updated options for checkboxes
  - Includes if member was arrested
  - Identifies if member was charged



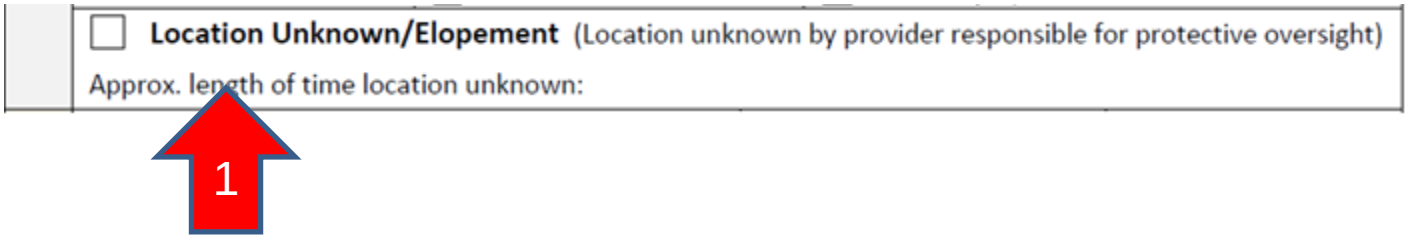
CIR 470-4698 Updates (cont.)

- Abuse Report/Restriction
  - Updated checkbox selections



CIR 470-4698 Updates (cont.)

- Location unknown/elopement
  - Updated incident type location unknown/elopement
  - Added approximate length of time location unknown



CIR 470-4698 Updates (cont.)

- Incident specific resolution

Resolution

Incident-Specific Resolutions (Indicate agency course of action, proposed plans, self-corrective actions, measures to prevent or diminish probability for future occurrences, etc. Select all that apply.)

☐ **Staff Review/Updates** (Complete this section if staff issues will be addressed by the agency/facility. Describe any changes in staffing patterns.)

☐ Initiated ☐ Completed

1

Describe:

☐ **Member Review** (Complete this section if the member's plan, health and/or care needs will be reviewed and/or revised.)

☐ Initiated ☐ Completed

Member Care/Treatment Plan Revised: ☐ Yes ☐ No

Describe:

☐ **Equip & Supplies Review/Updates** (Complete this section if necessary equipment or supplies need purchased, repaired, replaced, or assessed.)

☐ Initiated ☐ Completed

Describe:

2

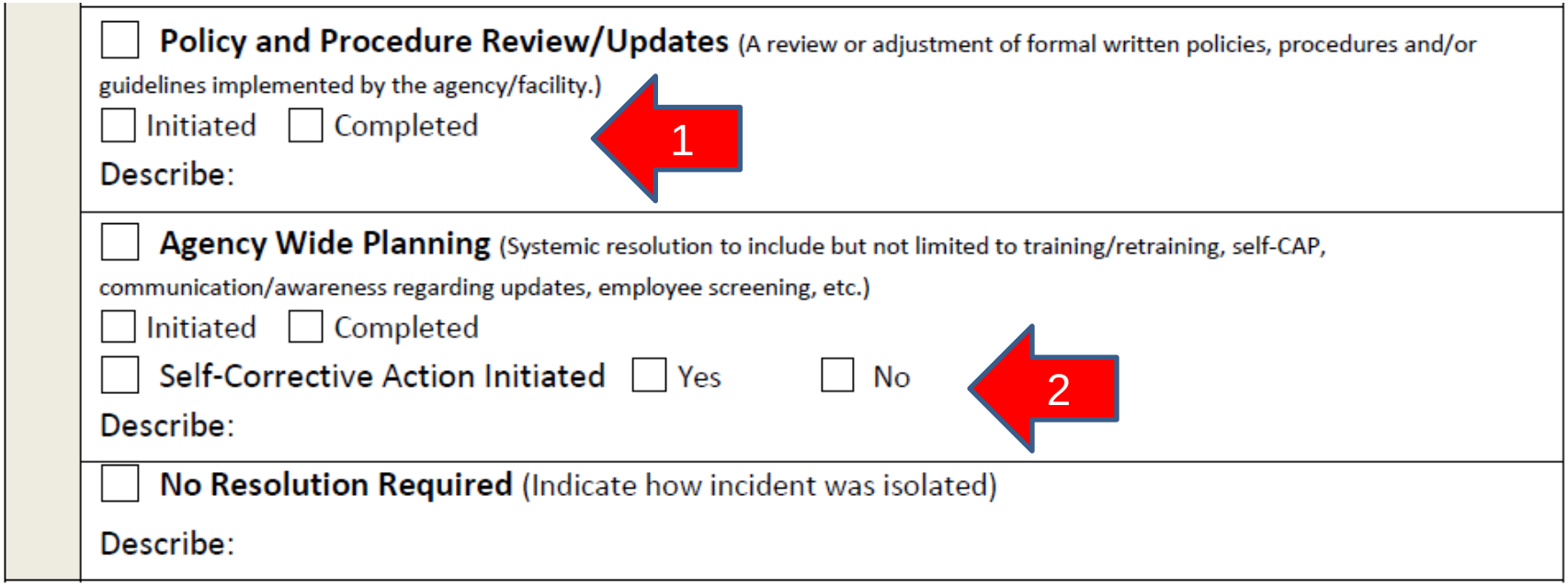
☐ **Environment Review/Updates** (Complete this section if the member's environment will be evaluated, accommodated, or modified for safety or accessibility needs.)

☐ Initiated ☐ Completed

Describe:

CIR 470-4698 Updates (cont.)

- Resolution
  - Less options for checkboxes



CIR 470-4698
General Requirements

- Follow rules for reporting requirements
- Complete form in it’s entirety
- Include clear and concise information
- Comment boxes have unlimited space
- Additional information can be added later

Updated Reporting Process

- Iowa Medicaid Enterprise- Fee For Service
  - Determine member eligibility
  - Complete updated CIR form electronically
  - Save the CIR form to desktop
  - Form is submitted to the entity/payor at the time the incident occurred or was discovered.

Updated Reporting Process

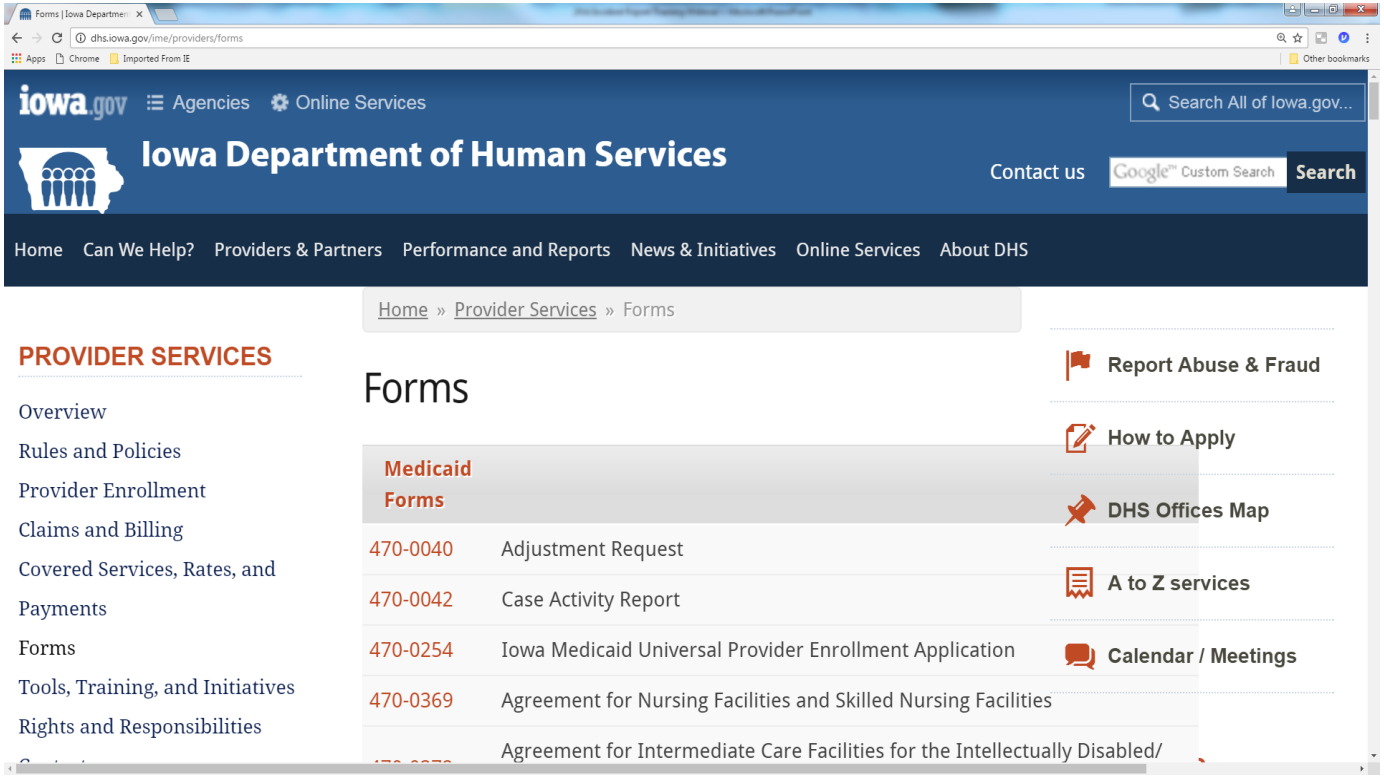
- Amerigroup Iowa, Inc.
  - https://providers.amerigroup.com/IA/Pages/ia.aspx
- AmeriHealth Caritas Iowa
  - www.amerihealthcaritasia.com
- United Healthcare Community Plan
  - www.uhccommunityplan.com/health-professionals/ia/provider-training.html

Member Eligibility Determination

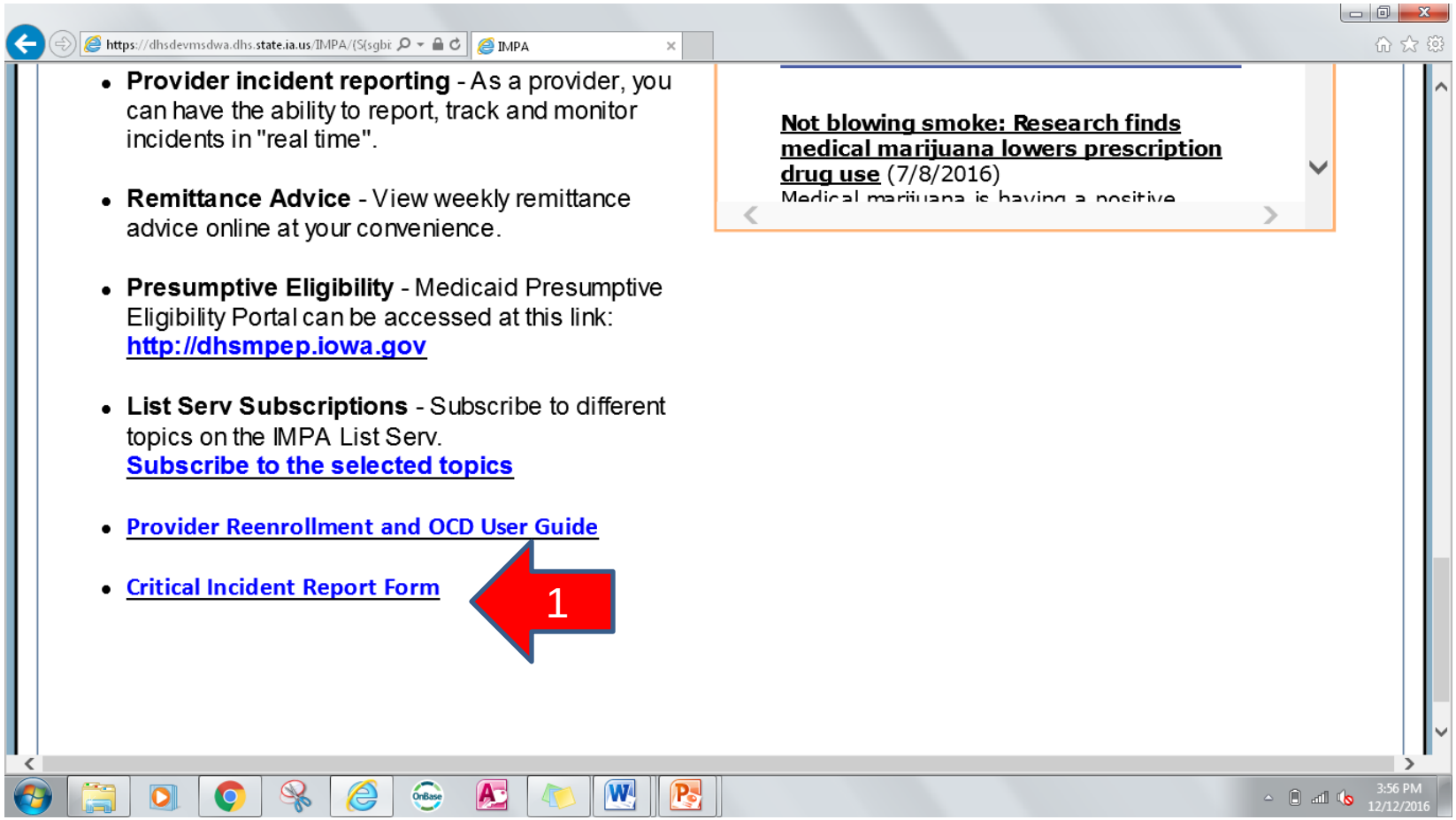
- Call the Eligibility and Verification System (ELVS)
  - 515-323-9639 (locally in Des Moines)
  - 1-800-338-7752 (toll free)
  - Available 24 hours a day, seven days a week

Accessing Form 470-4698

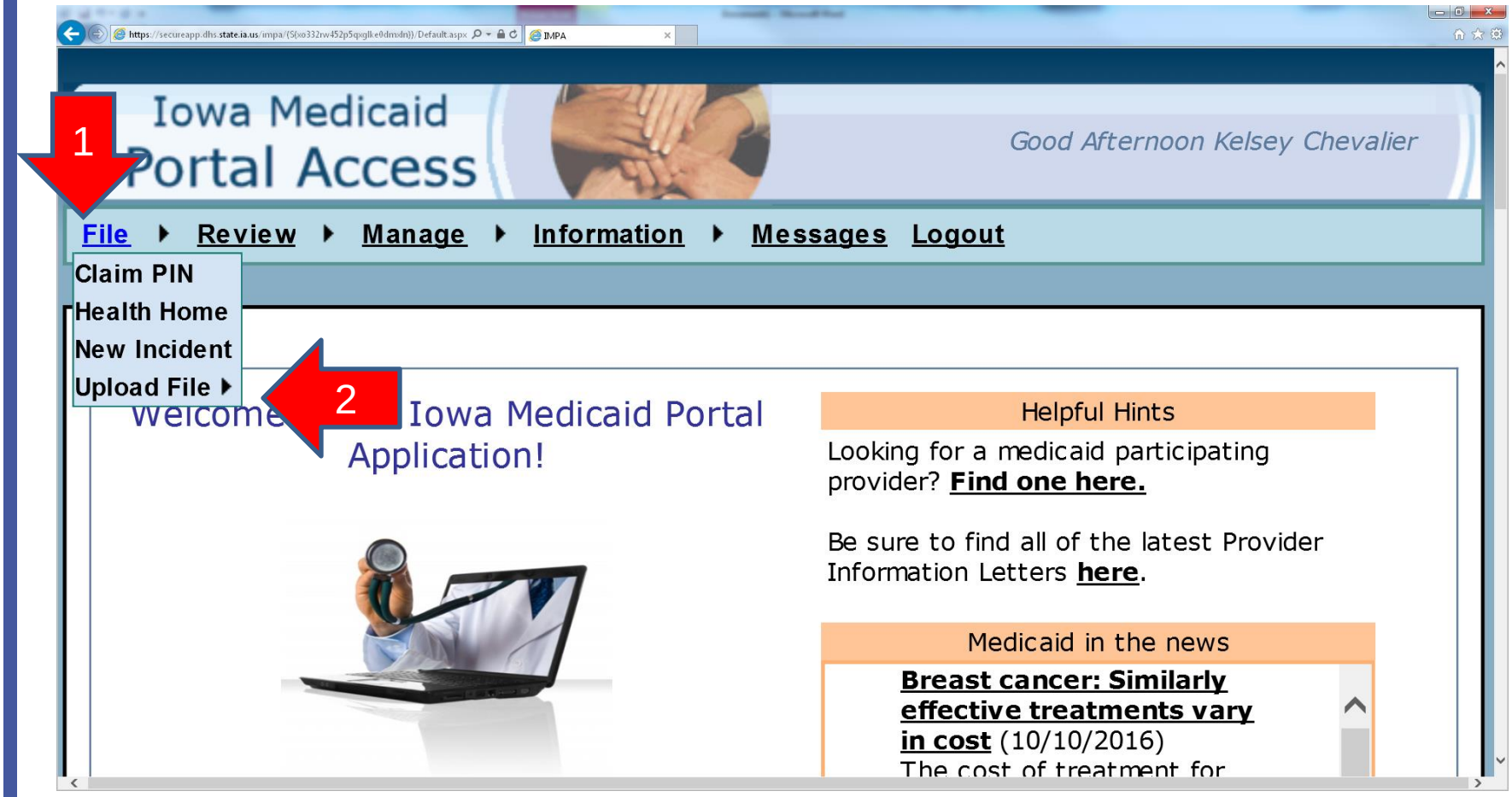
- Providers/Case Managers/Transition Specialists/Care Coordinators can access the newest form on the DHS website



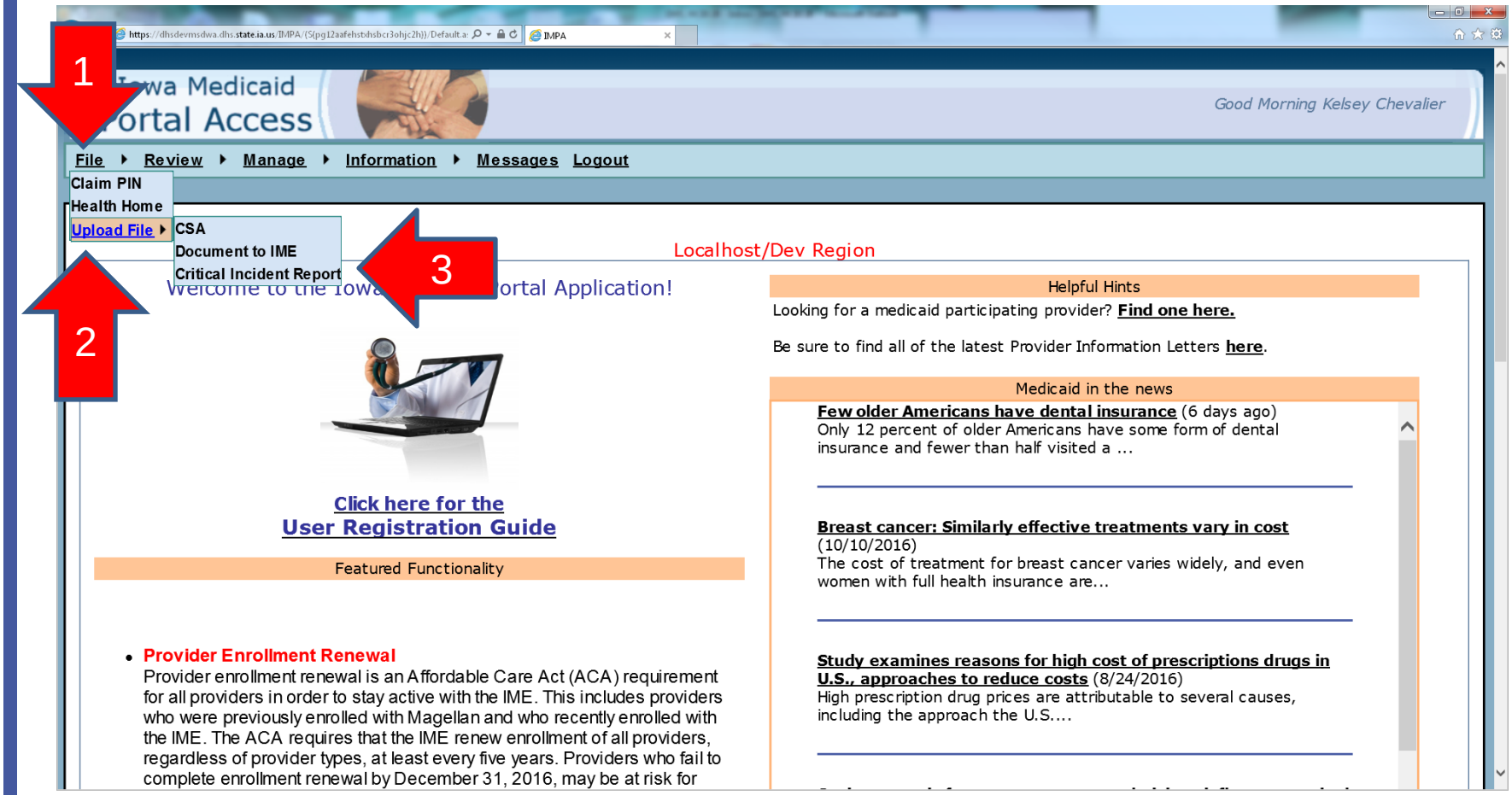
Accessing Form 470-4698 (cont.)



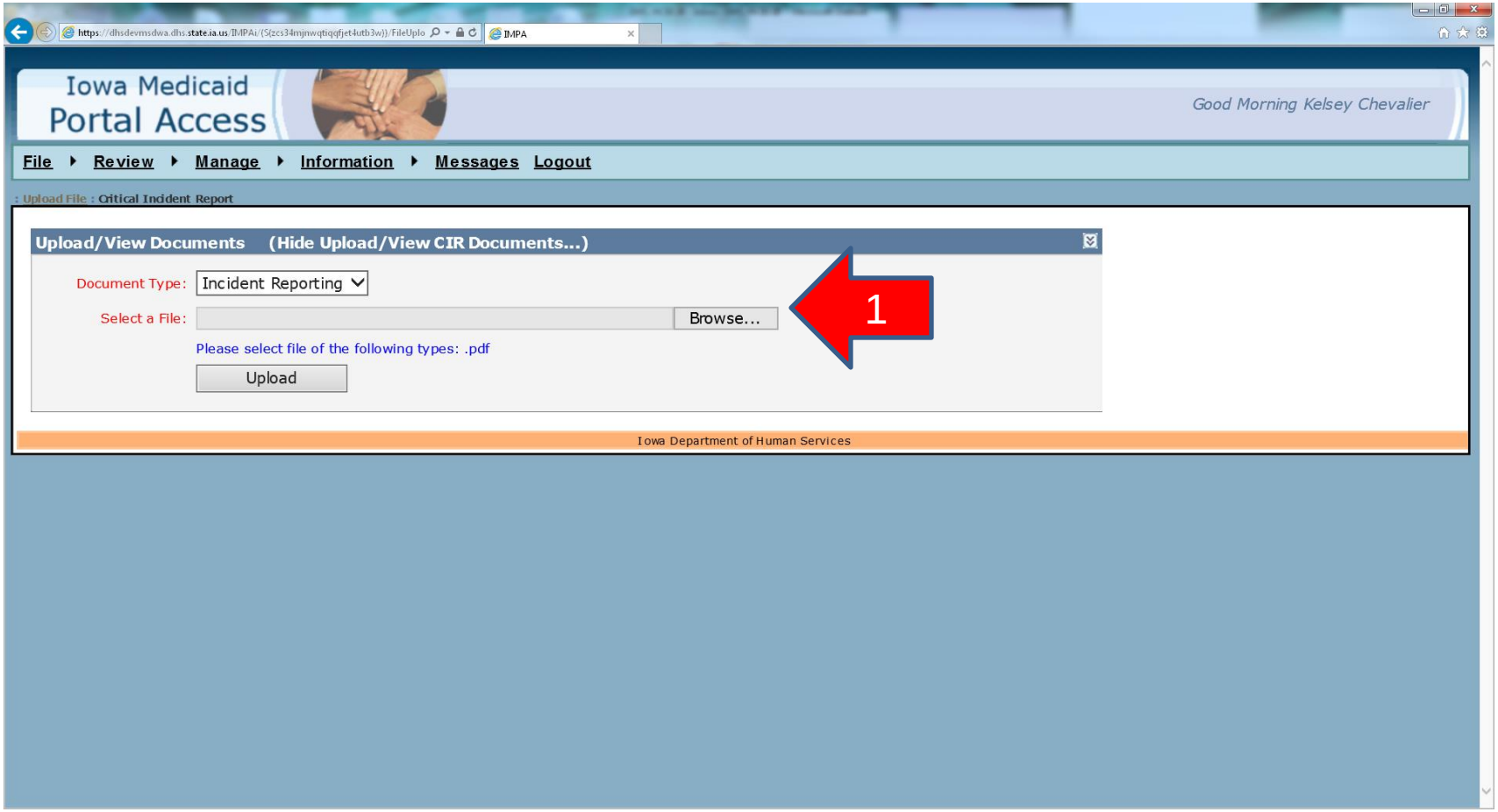
Fee For Service (FFS) Reporting Process



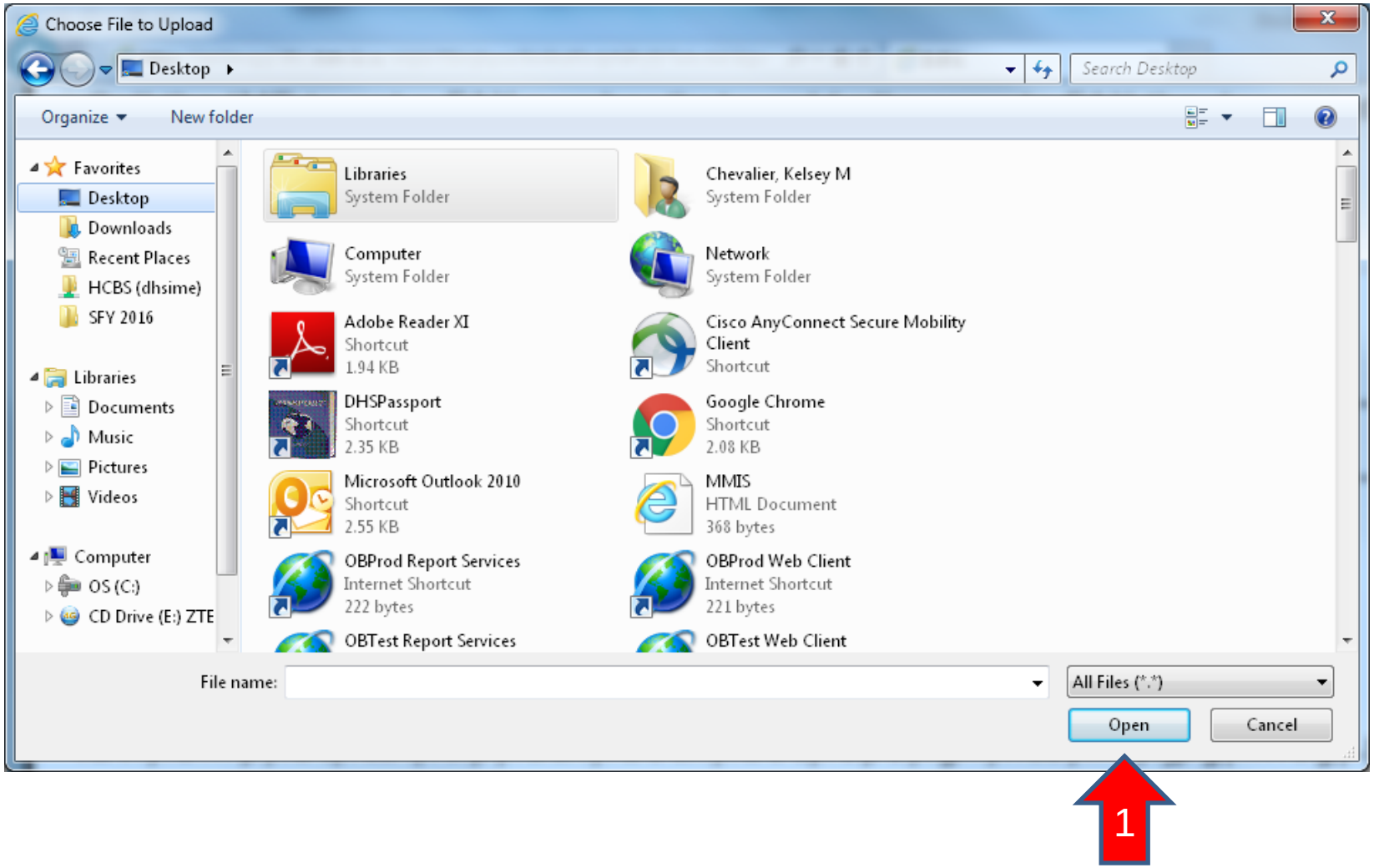
FFS Reporting Process (cont.)



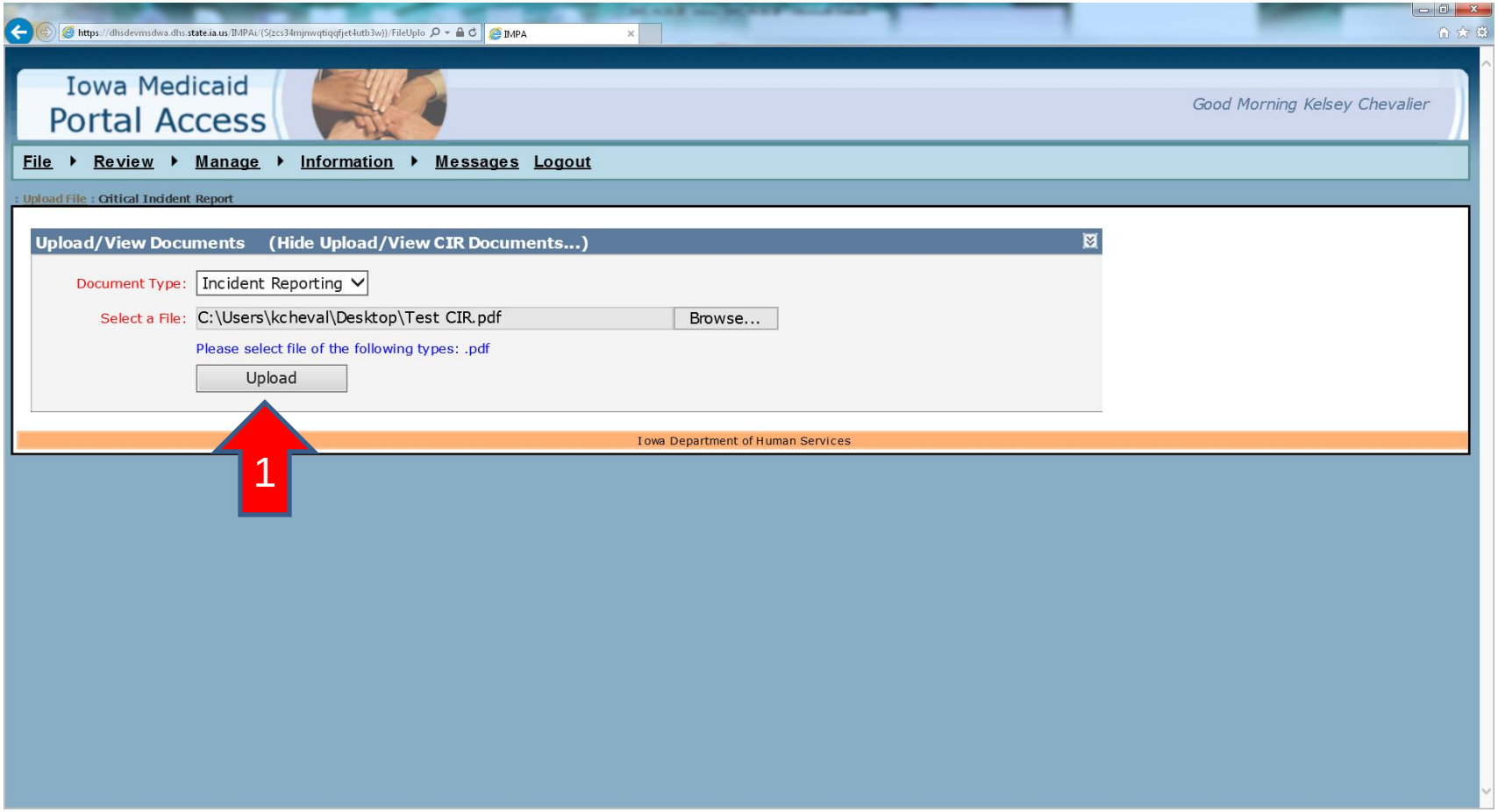
FFS Reporting Process (cont.)



FFS Reporting Process (cont.)



FFS Reporting Process (cont.)

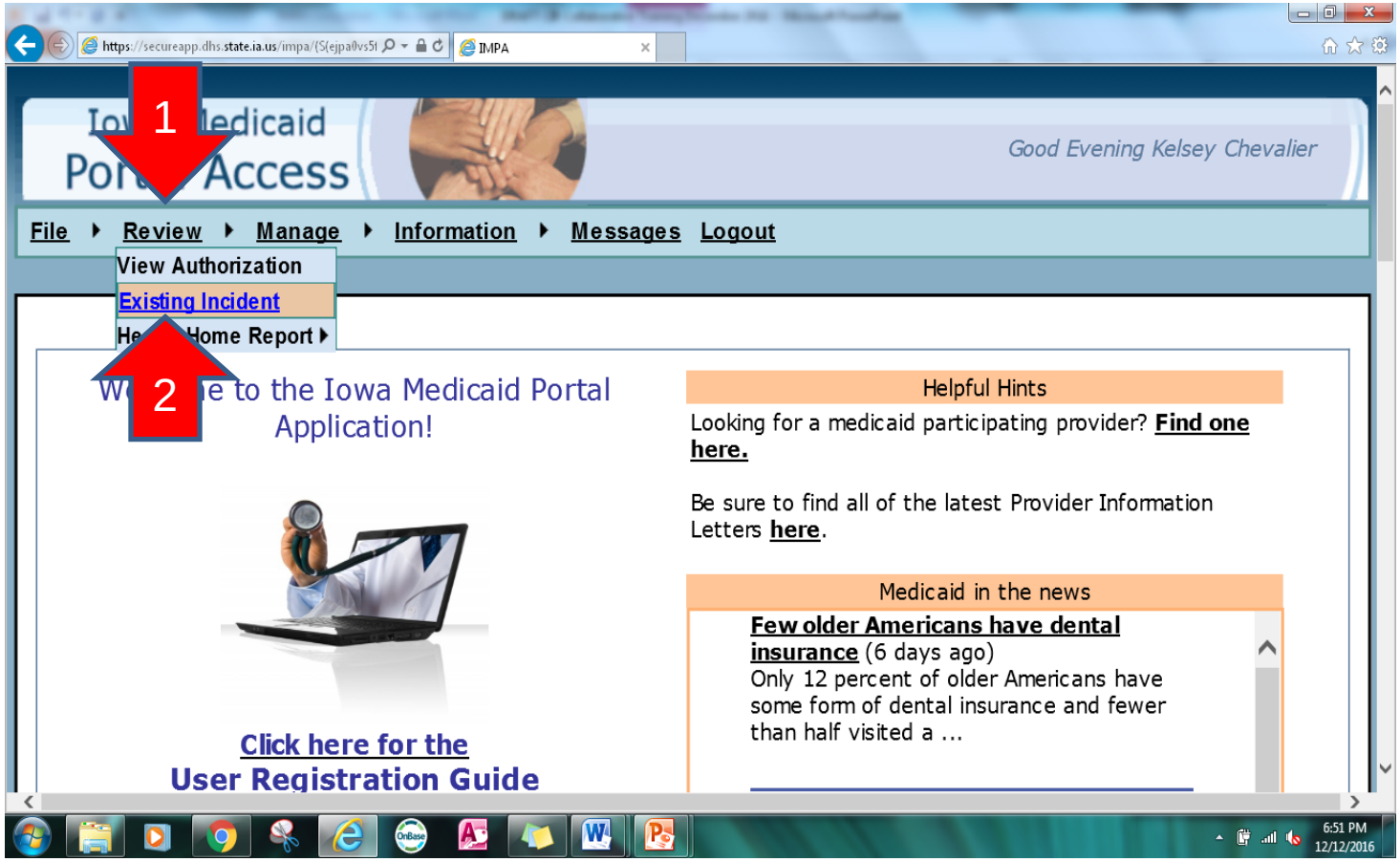


FFS Reporting Process (cont.)

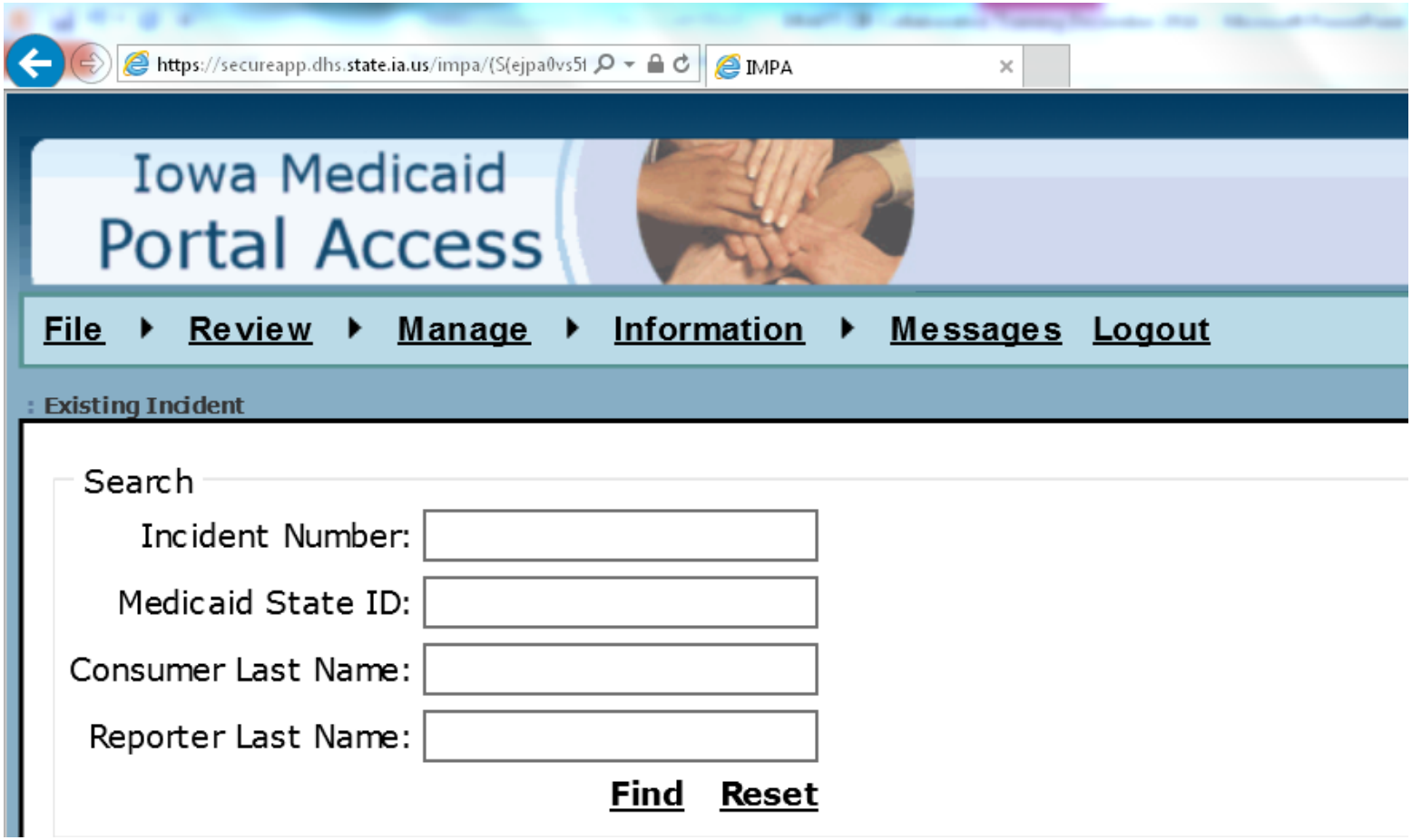
- ISIS Workflow
  - Answer milestones in the Individualized Services Information System (ISIS)
  - Provide response in ISIS comment box
- Disable users when employment ends

Viewing incidents

- Same process



Viewing Incidents (cont.)



FFS Troubleshooting

- Error messages
  - Verify member eligibility
  - Ensure the form completed in it's entirety and the required fields are completed
  - Format phone numbers and dates correctly

- Contact IMPA Support
- Contact hcbsir@dhs.state.ia.us

FFS Resources

- Administrative Code and Rules http://dhs.iowa.gov/administrative-rules
- Critical Incident Reporting Location, Guides and Forms http://dhs.iowa.gov/ime/providers/rights-and-responsibilities/critical-incident-responding
- Incident Reporting Questions hcbsir@dhs.state.ia.us
- Iowa Medicaid Portal Access (IMPA) Website https://secureapp.dhs.state.ia.us/impa/
- IMPA Support impasupport@dhs.state.ia.us
- HCBS Specialists Contacts http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts

FFS Resources cont.

- Iowa Department of Human Services forms
  http://dhs.iowa.gov/ime/providers/forms

Summary

- Reviewed Iowa Administrative Code (IAC) requirements for incident reporting
- Defined the difference between a major and minor incident
- Identified updates to the critical incident report form and reporting process for fee for service (FFS) members
- Gained knowledge regarding incident report errors and troubleshooting.

Questions

Incident Reporting Mailbox

hcbsir@dhs.state.ia.us